MARIAN UNIVERSITY
Marian's Adult Programs

2010-11 Application for Financial Aid - MAP

Please complete form and return to: Office of Financial Aid
3200 Cold Spring Road
Indianapolis, IN 46222

317.955.6040 or 800.834.5494
Fax: 317.955.6424
Email: finaidmap@marian.edu

Student Name: _____
Last First MI Former (if applicable)

Social Security #: _____ Date of Birth: _____

Mailing Address: _____

Phone Numbers: _____
Home Work Cell

Email Address: _____ Will you file the FAFSA? ☐Yes ☐No

Will you apply for a Stafford Student Loan? ☐Yes ☐No

Will you apply for a private loan? ☐Yes ☐No
(See http://www.marian.edu/financialaid/Pages/educationloans.aspx for details.)

Year in College (as of 7/1/10): ☐FR ☐FR+* ☐SO ☐JR ☐SR *FR+ = previously attended college

Have you attended any other institutions after high school? ☐ Yes ☐ No

If yes, list all institutions_____

Will you have a Bachelor's degree by July 1, 2010? ☐ Yes ☐ No

I am pursuing a(n): ☐ Bachelor's Degree (4-year) Anticipated Graduation Date:_____

☐ Associate's Degree (2-year) Anticipated Graduation Date:_____

How many **credit hours** do you intend to take each term?

Summer '10:	Term 7_____	Term 8_____	Term 9_____
Fall '10:	Term 1_____	Term 2_____	Term 3_____
Spring '11:	Term 4_____	Term 5_____	Term 6_____

Please check any of the following which apply:

☐ I previously attended Marian University (College) from _____ to _____

☐ I am an employee of Marian University (College). Position:_____

☐ My spouse is employed by Marian University (College). Position:_____

EXPLANATION OF SPECIAL CIRCUMSTANCES *(if applicable)*

Use this space to explain any unusual expenses, educational and other debts, year 2010 reduction in or loss of student income due to divorce, separation, loss of employment, disability or other special circumstances.

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To be eligible for full-time Indiana State Grants, you MUST file your 10-11 FAFSA by March 10th, 2010.